

THIS POLICY IS SUBJECT TO THE
GREATER OF 25% OR \$250 MINIMUM
EARNED PREMIUM.

NO FLAT CANCEL

COMMERCIAL LINES POLICY COMMON POLICY DECLARATIONS

Great Lakes Insurance SE

POLICY NUMBER: BC003908

RENEWAL OF: BC002578

Insured Name and Mailing Address:

Joshua Fields

Kevin Randall Insurance

812 W Oklahoma

P.O. Box 424

Tonkawa

OK 74653

Ponca City

OK 74601

☐ (If Checked) See GLK 1017 for Contract Allocation

This Certificate of Insurance is issued in accordance with the authorization granted under Contract No. 3938

Contract Yr 19

undersigned by GREAT LAKES INSURANCE SE, (hereinafter called "The Company") Hereon %: 100 %

Policy Period: From 05/03/2019 To 05/03/2020 at 12:01A. M. Standard Time at your mailing address shown above.

Form of Business: ☒ Individual ☐ Partnership ☐ Joint Venture ☐ Trust ☐ Limited Liability Company

☐ Organization, including a Corporation (but not including a Partnership, Joint Venture or Limited Liability Company)

Business Description Rental Dwellings & Apartments

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AND LIMITS AS STATED IN THIS POLICY.**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS



POLICY NUMBER: PC003908

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS**BUSINESS DESCRIPTION** Rental Dwellings & Apartments**DESCRIPTION OF PREMISES**

PREM BLDG NO. NO.	STREET ADDRESS	CITY	ST ZIP CODE	YEAR BUILT	PROT CLASS
001 1	812 W Oklahoma Ave	Ponca City	OK 74601	1946	03
002 1	305 S Ash St.	Ponca City	OK 74604	1951	03

DESCRIPTION OF PREMISES CONTINUED...

PREM BLDG NO. NO.	CONSTRUCTION	OCCUPANCY	CLASS NO. OF CODE STORIES
001 1	01 Frame	Tenant Occupied Dwelling	0196 1
002 1	01 Frame	Tenant Occupied Dwelling	0196 1

COVERAGES PROVIDED (Insurance at the described premises applies only for coverages for which a limit of insurance or a premium is shown)

PREM BLDG NO. NO.	COVERAGE	LIMIT OF INSURANCE	COVERED CAUSE OF LOSS	CO-INSURANCE*	RATE	PREMIUM
001 1	BUILDING	\$ 48,500 BROAD		80%	.760\$	377
001 1	BUS. INC. W/OUT EXTRA EXP. INCL.	\$ 2,400 BROAD		80%	.760\$	19
002 1	BUILDING	\$ 69,086 BROAD		80%	.760\$	525
002 1	BUS. INC. W/ EXTRA EXP. INCL. REN	\$ 2,400 BROAD		80%	.760\$	19

N Equipment Breakdown Coverage (if 'Y') Equip. Breakdown. Premium: EXCLUDED

TOTAL PROPERTY PREMIUM: \$ 940

Valuation is Actual Cash Value (ACV) unless otherwise indicated below

* If Extra Expenses Coverage, show limits on loss payments

OPTIONAL COVERAGES (Applicable only when entries are made in the schedule below)

AGREED VALUE				REPLACEMENT COST (Applies Only if "X" is shown below)			
PREM BLDG NO. NO.	EXP. DATE	COVERAGE	AMOUNT	PREM BLDG NO. NO.	BUILDING	PERSONAL PROPERTY	INCLUDING STOCK
			\$				
			\$				
			\$				

INFLATION GUARD (Percentage)

PREM BLDG NO. NO.	BUILDING	PERSONAL PROPERTY
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BUSINESS INCOME

PREM BLDG NO. NO.	MONTHLY LIMIT OF INDEMNITY (fraction)	MAX. PERIOD OF INDEMNITY *	EXTENDED PERIOD OF INDEMNITY (days)
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* Applies only if "X" is shown below

MORTGAGE HOLDER(S)

PREM NO.	BLDG NO.	MORTGAGE HOLDER NAME	MAILING ADDRESS
1	1	Community National & Trust	901 E Prospect, Suite C Ponca City, OK 74601

DEDUCTIBLE

Deductible: \$ 1,000 Exceptions: Wind/Hail

The following Deductible Forms (if any) are attached to this policy: GLK 4042 PR 04 11

Forms and endorsement(s) made a part of this policy at time of issue: SEE SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER: PC0003908

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS SUPPLEMENTAL DECLARATION - 1

DESCRIPTION OF PREMISES						
PREM BLDG NO.	NO.	STREET ADDRESS	CITY	ST ZIP CODE	YEAR BUILT	PROT CLASS
003	1	301 S Ash St.	Ponca City	OK 74604	1935	03
003	2	301 S Ash St.	Ponca City	OK 74604	1945	03
004	1	410 W Cleveland Ave	Ponca City	OK 74601	1954	03
005	1	717 W Grand Ave	Ponca City	OK 74601	1925	03

DESCRIPTION OF PREMISES CONTINUED...						
PREM BLDG NO.	NO.	CONSTRUCTION	OCCUPANCY	CLASS CODE	NO. OF STORIES	
003	1	01 Frame	Tenant Occupied Dwelling	0196	1	
003	2	01 Frame	Garage	0196	1	
004	1	01 Frame	Apartment	0311	2	
005	1	01 Frame	Tenant Occupied Dwelling	0196	1	

COVERAGES PROVIDED (Insurance at the described premises applies only for coverages for which a limit of insurance or a premium is shown)

PREM BLDG NO.	NO.	COVERAGE	LIMIT OF INSURANCE	COVERED CAUSE OF LOSS	CO-INSURANCE*	RATE	PREMIUM
003	1	BUILDING	\$ 50,215	BROAD	80%	.760	\$ 382
003	2	BUILDING	\$ 15,000	BROAD	80%	.760	\$ 114
003	2	BUS. INC. W/ EXTRA EXP. INCL. REN	\$ 2,400	BROAD	80%	.760	\$ 19
004	1	BUILDING	\$ 325,450	BROAD	80%	.760	\$ 2,474
004	1	BUS. INC. W/ EXTRA EXP. INCL. REN	\$ 16,800	BROAD	80%	.760	\$ 126
005	1	BUILDING	\$ 104,000	BROAD	80%	.760	\$ 791
005	1	BUS. INC. W/ EXTRA EXP. INCL. REN	\$ 3,600	BROAD	80%	.760	\$ 28
			\$				\$

TOTAL PROPERTY PREMIUM: \$ 3,936

ACCUMULATED PROPERTY PREMIUM: \$ 4,876

Valuation is Actual Cash Value (ACV) unless otherwise indicated below

* If Extra Expenses Coverage, show limits on loss payments

OPTIONAL COVERAGES (Applicable only when entries are made in the schedule below)

AGREED VALUE					REPLACEMENT COST (Applies Only if "X" is shown below)			
PREM BLDG NO.	NO.	EXP. DATE	COVERAGE	AMOUNT	PREM BLDG NO.	NO.	BUILDING	PERSONAL INCLUDING STOCK
				\$				
				\$				
				\$				
				\$				

INFLATION GUARD (Percentage)				BUSINESS INCOME			
PREM BLDG NO.	NO.	BUILDING	PERSONAL PROPERTY	PREM BLDG NO.	MONTHLY LIMIT OF INDEMNITY (fraction)	MAX. PERIOD OF INDEMNITY *	EXTENDED PERIOD OF INDEMNITY (days)

* Applies only if "X" is shown below